Idaho Women's Health Check Form Instructions

IDAHO DEPARTMENT OF HEALTH & WELFARE

(vers. 10.2008)

The following information highlights required program data, defines terms, and explains basic instructions for completing Idaho Department of Health and Welfare's Women's Health Check program forms.

What's New

Women's Health Check data requirements

As a result of new data requirements implemented by the Centers for Disease Control and Prevention (CDC), WHC enrollment, screening, and diagnostic forms are updated to collect new data elements beginning January 1, 2009.

Women's Health Check eligibility requirements

A woman must be a United States citizen or eligible alien (with at least 5 years of residency) to qualify for the Women's Health Check program. In addition, WHC clients are required to provide a social security number. If not a citizen, provide an Alien ID card number and issue date.

BCC Medicaid citizenship requirements for women needing treatment for cancer

In accordance with The Deficit Reduction Act of 2005, Section 6036, individuals are required to provide documentation of citizenship or nationality when initially applying for Medicaid or upon recipient's first Medicaid re-determination. Therefore, any woman eligible for the Women's Health Check program is now required by Medicaid to provide proof of citizenship, an original birth certificate or documentation of citizenship, should she need treatment provided through BCC Medicaid.

To obtain an original birth certificate:

- Idaho citizen: Complete the *Vital Statistics Certificate Request* form and fax it to the state office along with presumptive eligibility at (208) 334-0657. Women's Health Check's may request a free copy of the official birth certificate for Idaho born citizens from Vital Statistics with a client signed Permission for Women's Health Check Birth Certificate Request form.
- U.S. citizen born in another state: The client will need to request an official document from her birth state. The Department of Health and Welfare recommends the following site www.vitalchek.com for obtaining birth certificates. When the client receives her original birth certificate, it must be verified and copied by the Local Coordinating Contractor and then faxed to the state office. The client will need to mail or bring her documents to the case management site.

Note: This need for a birth certificate does not change our presumptive eligibility process. Women will still be able to start treatment in a timely manner, however they must obtain and present an original birth certificate in order to continue on Medicaid.

Helpful Definitions

Presumptive Eligibility: The period of time defined as the month following the month in which the WHC client is referred for BCC Medicaid.

Reminders

If you have questions or concerns regarding any portion of Women's Health Check enrollment, screening, or diagnostic forms, please contact the Women's Health Check state office Monday-Friday 8:00am—5:00pm Mountain Standard Time.

Women's Health Check
Idaho Department of Health and Welfare
450 W. State Street, 4th Floor
P.O. Box 83720, Boise, ID 83720-0036
www.healthandwelfare.idaho.gov
Phone: (208) 334-5805
Fax: (208) 334-0657

Additional Women's Health Check program resources include:

Idaho Careline
Call 2-1-1 or 1-800-926-2588

Women's Health Check Real Time Database
**You must be a contractor with the Women's Health Check program to access this database.*
www.whcidaho.org

General Instructions

These instructions are developed to give a Women's Health Check enrollment site a better understanding of required information and services covered by the program. Terminology and questions are defined by the Centers for Disease Control and Prevention and Women's Health Check for the improvement of service to the women of Idaho.

Idaho WHC Enrollment Form and Program Consent Information Release

The enrollment form is intended to be completed by the person determining eligibility and establishing a client's minimum qualifications. This form is used to determine a woman's eligibility for enrollment or re-enrollment into the Women's Health Check program. A woman must renew her eligibility by re-enrolling every subsequent year after her initial enrollment to continue using the program for screening and diagnostic services. After eligibility has been verified verbally, the client should complete the remaining sections and Program Consent Information Release (page 2 of enrollment), giving her consent and information release by signing and dating both pages. Please review the completed form to ensure all questions have been answered.

For LCC Use

On the enrollment form, you will notice a box on the top of the form labeled "For LCC Use". This box is intended for LCC filing or tracking purposes in case management. LCC's may use this space to meet their local needs.

Client Eligibility

Located below the form title, the Client Eligibility box should be completed by the person determining eligibility prior to the client entering her personal information. WHC clients (new and returning) must be U.S. citizens or eligible aliens to receive BCC Medicaid if diagnosed through the Women's Health Check program. This section will determine if a woman meets the minimum requirements.

After asking the client questions 1-5, please verify eligibility by checking the 4 listed enrollment requirements in the lower right hand box (in the Client Eligibility section) and signing on the line after "Eligibility verified by:".

Client Information

Once eligibility has been established, the client should complete the client information section and page 2 (Program Consent and Information Release). The client's signature and date are required on both pages.

Question 1. Client Information

The client is asked to enter basic personal information for data management, tracking purposes, and eligibility for the program. You will notice a client is asked whether they are a U.S. Citizen or have Alien status; women must be a legal alien or US citizen to receive Women's Health Check services.

Question 2. Ethnicity and Race

All answers in this section are required. The preferred method of identifying ethnicity and race is self-identification by the woman. Unknown in this context can mean: the woman wasn't asked, the answer wasn't recorded, the woman doesn't know, or the woman refused to answer. Please check to make certain she has answered both questions.

Question 3. Emergency Contact

This information is collected in order for the program to contact someone other than the client in case of emergency. This person's information will be kept confidential and not used for any other purposes.

Question 4. How did you hear about this program?

The client may check all that apply. This information is used to plan and evaluate future recruiting efforts.

Client Signature

Located at the bottom of the enrollment form, the client must check all boxes that apply, in addition to her signature, in order to complete enrollment into the Women's Health Check program. The date entered is the date the client completes and signs the form.

Program Consent and Information Release (page 2 of enrollment)

The client must read and mark each of the boxes above the line. The enrollment site is required to maintain a copy of the Idaho Health and Welfare Privacy Practices available for clients to read. If the client checks the last box requesting a personal copy of the IDHW Privacy Practice, please fax her Program Consent and Information Release to the WHC state office at (208) 334-0657 immediately. The state office will send her a copy.

WHC Screening Form

This form is intended to be used by the provider screening a Women's Health Check client for breast or cervical cancer. The page is divided into two columns: the left for breast screening and the right for cervical screening. If a client is only being screened for one, please indicate that by checking the appropriate box above the respective column. Once completed, the form should be faxed to a provider's Local Coordinating Contractor (LCC) for data entry.

Breast Screening (ages 50-64)

Breast Record Only Checkbox
Please mark if the client is not eligible for or not receiving cervical screening services.

History

Question 1. Previous Mammogram
This question is asked to determine whether a client has ever had a previous mammogram, regardless of their status in the Women's Health Check program. The options for answering are yes, no, and unknown. If yes, please enter date (month, date (optional), and year) of prior mammogram if known. Unknown can mean: woman was not asked, answer was not recorded, woman does not know or refused to answer.

Question 2. Breast Symptoms
This question refers to whether or not a client "self reports" and provides information regarding her motivation for screening. The Breast Symptoms element provides information regarding what brought the woman to screening. Was she asymptomatic or did she think she had a problem?

Question 3. Indications for today's mammogram

This question refers to the purpose of today's mammogram. For the purpose of this program, the *initial* mammogram is the first mammogram of the screening cycle. A *diagnostic* mammogram may be the initial mammogram when the client is symptomatic or has an abnormal CBE and this is the first mammogram of the cycle.

Routine screening mammogram (screening)	Routine or annual screening schedule without any breast symptoms.
Initial mammogram to evaluate additional symptoms, abnormal CBE result, or follow-up from a previous abnormal mammogram (diagnostic)	Today's mammogram is done as an additional evaluation of a recent mammogram or due to current symptoms or abnormal CBE, but is the first mammogram of the screening cycle.
Referred into the program for diagnostic evaluation; Date of initial mammogram (already completed); Date of referral into program; and BIRADS results 1, 2, 3, 4, 5, or 0.	Initial mammogram performed outside of WHC and the client is being referred into the program for diagnostic evaluation. Include BIRADS result of mammogram, date of initial mammogram, and date of referral into the program.
Mammogram not done. Patient only received CBE, or proceeded directly for other imaging or diagnostic work-up	A woman only receives a CBE and does not receive a mammogram, but instead goes directly to diagnostic work-up.

Question 4. Clinical Breast Exam Results

Normal/Benign/Fibrocystic	Not suspicious for cancer. No additional concerns.
Discrete palpable mass (suspicious for cancer); Nipple/areolar scaliness; Bloody or serous nipple discharge; or Skin dimpling or retraction.	Results require additional evaluation, regardless of the initial mammogram findings, and should have abnormal breast work-up form completed. *Note: These choices all require diagnostic work-up.*
Refused/Not done at this visit, but needed	This result should be used when client refuses a clinical breast exam or a trained CBE Professional is not available.
Not needed, normal CBE in past 12 mos.	This result used when a woman had a normal CBE in the past 12 months and it is not necessary at today's visit.

Provider reports findings from clinical breast exam, including date and provider or facility.

CBE funded by WHC?
Yes: If office visit is paid in whole or part with WHC funds.
No, Paid by other resource: If CBE is done outside of the program but the woman receives a WHC funded mammogram.

WHC Screening Form (cont.)

Question 5. Mammogram Results

Conventional or Digital mammogram should be marked. This section is to report the result of the initial mammogram in the screening cycle using the American College of Radiology (ACR) Breast Imaging Reporting and Database System (BIRADS), with the reported category is to be determined by the Radiologist.

BI-RADS		
1 or 2	Negative or Benign	Not suspicious for cancer.
3	Probably Benign—*STFU required*	A response of Probably Benign should not be reported as the initial mammogram result unless a complete diagnostic work-up was performed (either within or outside of the program) prior to the current cycle. For example, if this is the first mammogram ever for the woman a response of Probably Benign can not be reported. The mammogram should be coded as a 4,5, or 6 and additional breast procedures such as an ultrasound or additional mammographic views should be performed to rule out cancer.[1]
4	Suspicious Abnormality (consider biopsy)	Biopsy should be considered. Diagnostic work-up required.
5	Highly Suggestive of Malignancy	Appropriate action should be taken. Diagnostic work-up required.
0	Incomplete—*need additional imaging*	A response of incomplete is used to represent those instances where the radiologic assessment is incomplete if, for example, magnification or additional views are needed to determine a final interpretation of the mammogram films. Additional imaging required.

[1]Once the client receives diagnostic testing and a final diagnosis is obtained, any Extra views would be considered the second mammogram of the cycle and should be reported on the *Abnormal Breast Diagnostic Follow-up* form. Extra views alone are not adequate for a diagnostic work-up. Additional evaluations, such as ultrasound, biopsy or surgical consultation are needed to complete a cycle for a diagnostic work-up. Once the client receives diagnostic testing and a Final Diagnosis is obtained, any future mammograms can be coded Probably Benign.

Film Comparison to evaluate Assessment Incomplete?
Yes: The assessment of the initial mammogram is incomplete and the radiologist will require a review of previous mammographic films to make a final interpretation.
No: Initial mammogram is complete without further film comparison.

Mammogram funded by WHC?
Yes: If the mammogram was paid for in whole or part with WHC funds.
No, Paid by other resource: When reporting a non-program funded mammogram, record the result that has lead to diagnostic work-up paid with WHC program funds.

Question 6. Breast Cycle Outcome

This item was created to eliminate confusion about which women are to have immediate additional imaging or diagnostic work-up. This item should reflect the clinical recommendation for additional imaging or diagnostic work-up.

Routine Annual Screening	No additional imaging or diagnostic procedures are recommended.
Diagnostic Work-up Planned	Complete WHC Abnormal Breast Diagnostic Follow-up form.
Short term Follow-up Planned	Use recommendation box to write what and when follow-up is planned.

Cervical Screening (ages 40-64)

Cervical Record Only Checkbox
Please mark if the client is not eligible for or not receiving breast screening services.

History

Question 1. Prior Pap test and Date
This question is asked to determine whether a client has had a previous Pap test, regardless of their status in the Women's Health Check program. The options for answering are yes and no. If yes, please enter date (month, date (optional), and year) of previous Pap test if known.

Question 2. Hysterectomy for Cervical Neoplasia/Cervical Cancer?
To report whether a woman had a hysterectomy due to cervical neoplasia or cervical cancer. If yes, the client is eligible for yearly screening.

WHC Screening Form (cont.)

Question 3. Indications for today's Pap test
To report the indication/purpose of the cervical cycle.

Routine Pap test (screening)	Pap test was performed as part of a routine screening schedule.
To evaluate additional symptoms, abnormal test result, or follow-up from previous abnormal Pap test result	Pap test was performed for a woman under management for a cervical abnormality detected prior to this cycle.
Referred into the program as a diagnostic evaluation; Date of referral into program; and Pap test Result	Pap test was performed outside of the program and the woman was referred into WHC for diagnostic evaluation. Referral date must be completed and a valid Pap test result should be provided.
Pap test not done. Previous result ASC-US. Patient proceeded directly for HPV test	Woman did not have a Pap test and went directly to HPV testing or diagnostic evaluation.

Question 4. Pelvic Exam Result
Enter the date of exam, provider or clinic name, and results.

Normal	Follow routine schedule.
Abnormal—NOT suspicious for cervical cancer	Cervical consult not covered.
Abnormal—suspicious for cervical cancer	If abnormal, suspicious for cervical cancer, *requires a gynecologic consultation.*

Question 5. Pap test Results
Enter Pap test date, facility name, and results of screening Pap test using the 1991 Bethesda System.

Negative for intraepithelial lesion or malignancy	Follow routine screening.
Atypical squamous cells of undetermined significance (ASC-US)	HPV testing or short term follow-up should be planned.
Low grade squamous cells intraepithelial lesion (LSIL); Atypical squamous cells, can not exclude high grade (ASC-H); High grade squamous intraepithelial lesion (HSIL); Squamous Cell Carcinoma; Abnormal Glandular Cells (AGC); Endocervical adenocarcinoma in situ (AIS); or Adenocarcinoma	*These results all require diagnostic work-up. Use WHC Abnormal Cervical Diagnostic Follow-up form.*
Other	The purpose of this option is to include results that don't fit into the other Bethesda result categories. Please try to use this item appropriately. Reclaiming inappropriate "other" responses is time-consuming and could potentially result in the loss of valuable data. Acceptable categories to report as Other include "Endometrial Cells" and "Specimen Lost before evaluation".

Pap test funded by WHC?
Yes: If the Pap test was paid for in whole or part with WHC funds.
No, Pd by other: When reporting a non-program funded Pap test result that has lead to diagnostic work-up paid with WHC program funds.

Specimen Adequacy
This is an item that gives the program a way to report specimen adequacy as noted under the Bethesda System. Unsatisfactory should be reserved for specimens that were evaluated and found to be unsatisfactory for determining a result.

Specimen Type
To indicate how the Pap test specimen was collected.

WHC Screening Form (cont.)

Question 6. HPV Test Result

Enter date. This should be the date of sample collection, not the date the HPV test was actually performed.

An HPV test performed immediately following an ASC-US Pap test result should be reported in this section. In the event of an ASC-US Pap test result and a Positive HPV test result, then diagnostic work-up should be planned. An HPV test performed for a woman under surveillance (for example, follow-up at 6-12 months) should be reported in a subsequent cycle.

Test funded by WHC?

Yes: If the test was paid for in whole or part with WHC funds.
No, Paid by other resource: A response of "No" should be used when reporting an HPV test not paid with WHC funds.

Question 7. Cervical Cycle Outcome

To indicate the clinical recommendation for *immediate* diagnostic work-up.

Routine Screening	No additional imaging or diagnostic procedures are recommended.
Diagnostic Work-up Planned	Complete diagnostic follow-up form.
Short term Follow-up Planned	Use recommendation box to indicate what and when follow-up is planned.

WHC Abnormal Breast Diagnostic Follow-up Form

The purpose of the Abnormal Breast Diagnostic Follow-up form is to document what procedures were completed to arrive at a final outcome. Please answer yes to the questions that apply to the client or leave a section blank if it is not applicable. Complete only the sections that pertain to the patient's clinical need.

Question 1. Breast Imaging

This section collects information regarding additional imaging done during this cycle. If performed, enter date and facility name.

Additional Mammographic Views?
This item is used for the reporting of compression views, cone compression, magnification views and diagnostic mammograms. Please answer "Yes" if done. If the initial mammogram reported was a diagnostic mammogram, then it should NOT be reported in this item. This will help eliminate "double counting" of mammograms.

Ultrasound?
This item is used for the reporting of ultrasound or sonography. Please answer "Yes" if done. If ultrasound is performed more than once for a woman during separate visits in the same cycle to obtain a final imaging outcome, then it is only necessary to complete this item once as Yes.

Results of imaging (BI-RADS categories)

1	Negative
2	Benign
3	Probably Benign—*STFU required*
4	Suspicious Abnormality (consider biopsy)
5	Highly Suggestive of Malignancy
0	Incomplete—*need additional imaging*

Recommended follow-up covered by WHC
Please check course of action planned. The options listed are recommended follow-up covered by the WHC program in their respective category and are not intended to be the complete list of available options.

Question 1a. Final Imaging Outcome
The purpose of this item is to report the assessment from all of the imaging procedures performed, including comparison with previous films, needed to arrive at a final outcome from images. Date and result according to BI-RADS category must be entered.

BI-RADS 1	Negative (BI-RADS 1)
BI-RADS 2	Benign finding (BI-RADS 2)
BI-RADS 3	Probably Benign—initial short interval follow-up suggested (BI-RADS 3)
BI-RADS 4	Suspicious Abnormality (consider biopsy) (BI-RADS 4)
BI-RADS 5	Highly Suggestive of Malignancy. Appropriate action should be taken (BI-RADS 5)
Unsatisfactory	This applies if the mammogram was technically unsatisfactory and could not be interpreted by radiologist
Additional Imaging Pending	Result pending

Question 2. Surgical Consultation Outcome

This item is used for reporting if a second opinion or surgical consult was performed by a breast specialist. A breast specialist is a clinician who identifies him/herself as an expert in breast health. This may be a breast surgeon, radiologist, oncologist, primary care provider, etc. Please answer yes or no. If yes, enter date and provider name.

Consult Outcome

No intervention at this time
Core Biopsy
Fine Needle Aspiration

Recommended follow-up covered by WHC
Please check course of action planned. The options listed are recommended follow-up covered by the WHC program in their respective category and are not intended to be the complete list of available options.

WHC Abnormal Breast Diagnostic Follow-up Form (cont.)

Question 3. Consultant-Repeat CBE and Results

This item is used for reporting if a repeat clinical breast exam was performed by a breast specialist. A breast specialist is a clinician who identifies him/herself as an expert in breast health. This may be a breast surgeon, radiologist, oncologist, primary care provider, etc. Please answer yes or no. If yes, enter date and provider name. Indicate consult outcome (result of CBE) according to categories listed.

Recommended follow-up covered by WHC

Please check course of action planned. The options listed are recommended follow-up covered by the WHC program in their respective category and are not intended to be the complete list of available options.

Question 4. Fine Needle/Cyst Aspiration and Results

This item is used for reporting if a fine needle or cyst aspiration was performed. Please answer yes or no. If yes, enter date and provider name. Indicate results according to choices listed.

Recommended follow-up covered by WHC

Please check course of action planned. The options listed are recommended follow-up covered by the WHC program in their respective category and are not intended to be the complete list of available options.

Question 5. Tissue Biopsy/Lumpectomy

This item is used for reporting if a core biopsy or excisional biopsy was being performed. Please answer yes or no. If yes, enter date and provider name. Indicate result according to choices listed.

A lumpectomy intended as a treatment procedure should not be reported in this item. However, in some cases an excisional biopsy is performed and upon pathological review it is determined that the margin of the tumor falls completely within the biopsy specimen. As a result, the biopsy intended to be a diagnostic procedure also serves as treatment (lumpectomy). Such a procedure can be reported as a diagnostic procedure, as would an incisional biopsy or core needle biopsy. Supportive procedures such as stereotactic localization do not need to be reported.

Recommended follow-up covered by WHC

Please check course of action planned based on pathology results.

Question 6. Were any other breast procedures performed?

This item is used to indicate if breast diagnostic procedures other than those specified in questions 1 – 5 were performed to help determine a final diagnosis for a woman. Only diagnostic procedures which can provide a diagnosis of cancer or not cancer should be reported in this item. Please answer yes or no. If yes, use line to report any other diagnostic procedure.

Question 7. Were any imaging or diagnostic procedures funded by Women's Health Check?

To indicate if one or more additional breast procedures were paid for with WHC funds. If the funding source for the breast diagnostic procedures can be documented, then a response of "Yes" or "No" may be reported.

Question 8. Diagnostic Work-up Status

To specify the status of the breast final diagnosis or imaging. Mark appropriate box. Use lines provided for additional comments related to work-up status.

Pending	Pending indicates that not all of the planned diagnostic tests have been completed and therefore a final diagnosis has not yet been determined.
Work-up complete	A status of Work-up Complete indicates that the diagnostic testing is complete and that the final diagnosis and date of final diagnosis are known.
Lost to follow-up	A status of Lost to Follow-up should be reported if prior to the initiation or completion of diagnostic work-up a woman moves to a location beyond the program's range of service delivery (e.g. to another country), she can not be located by the program (e.g. moved), or a woman dies. This should be reported when tracking efforts have been attempted in accordance with the program's written protocol, but were unsuccessful.
Work-up refused	A status of Work-up Refused should be reported if a woman severs her relationship with the program. For example, a woman may decline the recommended diagnostic work-up or may choose to have the diagnostic work-up performed by a provider outside of the program.

WHC Abnormal Breast Diagnostic Follow-up Form (cont.)

Question 9. Final Diagnosis
To specify breast final diagnosis. Enter date of final diagnosis and indicate outcome according to boxes provided or comment as needed.

Breast Cancer not diagnosed
Ductal Carcinoma *in situ*
Lobular Carcinoma *in situ*
Invasive Breast Cancer
Other

The CDC is aware that there are some rare instances where the Final Diagnosis may be both DCIS and LCIS. In these cases, the Final Diagnosis should be reported and treated as DCIS. If multiple primary tumors are detected in one screening, then report the most serious diagnosis. For example, if a woman is diagnosed with both In Situ and invasive breast cancer, then report the invasive cancer as the final diagnosis.

If the breast cancer is determined to be a recurrence, then the final diagnosis should be reported as Breast Cancer not diagnosed. Such cases should be documented in detail in the program's data system. Final diagnosis is an important outcome measure for WHC, thus it is critical this data is complete, timely, and accurate.

Question 10. Treatment Information (to be completed if cancer is diagnosed)
To specify status of standard or conventional treatment for breast cancer. Status of Treatment is an important outcome measure for WHC. It is important to know the percentage of women diagnosed with breast cancer that have started treatment, thus it is critical this data is complete, timely, and accurate.

Treatment started - indicate date initial treatment started	The fact that a woman is referred for standard treatment is not sufficient confirmation that treatment has been started. A woman should be classified as having started treatment only after the program has confirmed that a plan for standard treatment of the cancer has been developed and started.
Treatment pending - indicate date	
Lost to follow-up - indicate date	Lost to follow-up should be reported if following a diagnosis, but prior to the initiation of treatment, a woman moves to a location beyond the program's range of treatment services (e.g. to another state or country), she cannot be located (e.g. moved), or dies prior to the initiation of treatment. This should be reported when tracking efforts have been attempted in accordance with the program's written protocol but were unsuccessful.
Treatment not needed - indicate date	Treatment not needed should be reported in instances where the clinician and the woman jointly agree that treatment of the cancer would adversely affect the woman's quality of life. This may occur, for example, in cases of late or end stage cancers.

WHC Abnormal Cervical Diagnostic Follow-up Form

The purpose of the Abnormal Cervical Diagnostic Follow-up form is to document what procedures were completed to arrive at a final outcome. Please answer yes to the questions that apply to the client or leave a section blank if it is not applicable. Complete appropriate questions according to patient need.

Question 1. Gynecologic consultation

This question is asked to determine if a specialist was needed to complete a visual inspection of the vaginal/cervical area and to recommend a plan. Please answer yes or no. If yes, enter date and provider name.

Consult Outcome

Normal/Benign/Inflammation	No additional procedures are recommended
Other abnormality	Not suspicious for cervical cancer
Suspicious for cervical cancer	Additional testing needed

Recommended follow-up covered by WHC

Please check course of action planned. The options listed are recommended follow-up covered by the WHC program in their respective category and are not intended to be the complete list of available options.

Question 2. Colposcopy

This item should always be completed when diagnostic work-up for Cervical Dysplasia or Cancer is planned. Please answer yes or no. If yes, enter date and provider or facility name.

Colposcopy without Biopsy and Colposcopy with Biopsy and/or ECC are mutually exclusive; both items should not be coded in the same record. If both procedures were performed during a single screening cycle, code the more definitive procedure.

Results

Provides the program with a tissue result that determines if the client needs treatment, short term follow-up, or routine screening. Enter result according to choices listed.

Recommended follow-up covered by WHC

Please check course of action planned. The options listed are recommended follow-up covered by the WHC program in their respective category and are not intended to be the complete list of available options.

Question 3. Other Biopsy Options

These are additional procedures sometimes necessary to perform to diagnose cervical cancer.

Endocervical Curettage alone (ECC)

This item is used for the reporting of a stand-alone ECC. It should not be used to report ECC that is done in conjunction with colposcopy. ECC done in conjunction with a colposcopy should be reported in question 2 (Colposcopy with Biopsy and ECC). Please answer yes or no. If yes, enter date and provider or facility name.

Loop Electrosurgical Excision Procedure (LEEP)

This item is used for the reporting of LEEP performed as a diagnostic procedure, and should not be used to report LEEP performed as treatment. In some instances, LEEP is appropriate following a HSIL Pap result. Please answer yes or no. If yes, enter date and provider or facility name. State approval needed prior to this procedure. Contact the State office in this situation. Please contact Julie Orgill at (208) 334-5971.

Cold Knife Cone (CKC)

This item is used for the reporting of Cold Knife Cone performed as a diagnostic procedure and should not be used to report Cold Knife Cone performed as treatment. Please answer yes or no. If yes, enter date and provider or facility name. State approval needed prior to this procedure. Please contact Julie Orgill at (208) 334-5971.

Results

Provides the program with a biopsy result that determines if the client needs treatment, short term follow-up, or routine screening. Indicate result according to choices provided.

Recommended follow-up covered by WHC

Please check course of action planned. The options listed are recommended follow-up covered by the WHC program in their respective category and are not intended to be the complete list of available options.

Question 4. Were any other cervical procedures performed?

This item is to indicate if cervical diagnostic procedures other than those specified in questions 1-3 were performed to determine a final diagnosis for a woman. Only diagnostic procedures performed as management of a suspected cervical lesion, such as endometrial biopsy or the excision of endocervical polyps. It is appropriate to report biopsies of other genital structures such as the vagina or vulva only for women who do not have a cervix. This item should NOT be used for the reporting of repeat Pap tests or treatment procedures such as cryosurgery, hysterectomy, laser, or cautery. Please answer yes or no. If yes, write in the name of the other procedure.

WHC Abnormal Cervical Diagnostic Follow-up Form (cont.)

Question 5. Were any imaging or diagnostic procedures funded by Women's Health Check?
To indicate if one or more additional cervical procedures were paid for with WHC funds.

Question 6. Diagnostic Work-up Status
Final diagnosis is an important outcome measure for the Women's Health Check program, thus it is critical this data is complete, timely, and accurate. Check only one. Use space provided for additional comments relating to work-up status.

Pending—cycle done at this time but work-up not complete. Action should be taken to complete work-up within one year.	Pending indicates that not all of the planned diagnostic tests have been completed and therefore a final diagnosis has not yet been determined. A record should not be pending for more than one year. Such a record should be reviewed for additional information and appropriately updated.
Work-up complete	A status of Work-up Complete indicates that the diagnostic testing is complete and the final diagnosis and date of final diagnosis are known.
Lost to follow-up	A status of Lost to Follow-up should be reported if prior to the initiation or completion of diagnostic work-up a woman moves to a location beyond the program's range of service delivery (e.g. to another country), she can not be located by the program (e.g. moved), or a woman dies. This should be reported when tracking efforts have been attempted in accordance with the program's written protocol, but were unsuccessful.
Work-up refused	A status of Work-up Refused should be reported if a woman severs her relationship with the program. For example, a woman may decline the recommended diagnostic work-up or may choose to have the diagnostic work-up performed by a provider outside of the program.

Question 7. Final Diagnosis
To specify the cervical final diagnosis. Choose one outcome as listed.

Enter date. This item is used for reporting the date the clinical diagnosis was made or the date on which the clinical decision was made that no cancer is present.

Normal/Benign/Inflammation	If the cervical findings are normal, then the cervical final diagnosis should be reported as Normal/Benign/Inflammation.
HPV/Condylomata/Atypia	Final diagnosis does not require cancer treatment.
CIN 1/mild dysplasia	In rare cases, treatment might be recommended.
CIN 2/moderate dysplasia	In most cases, treatment might be recommended.
CIN 3/severe dysplasia/carcinoma *in situ*	Final diagnosis of Adenocarcinoma In Situ (AIS) *of the cervix* should be reported as CIN3/CIS/AIS. AIS *of the cervix* is an in situ pre-cancerous condition that requires treatment.
Invasive Carcinoma	The term "invasive cervical carcinoma" is meant to refer to histologic characteristics of tumors found primarily within the cervix. Final diagnosis of Adenocarcinoma *of the cervix,* Invasive Adenocarcinoma *of the cervix,* or squamous cell carcinoma *of the cervix* should be reported as Invasive cervical carcinoma. These are invasive cervical carcinoma diagnoses that require treatment and should be reported to the Cancer Registry.
Adenocarcinoma	
Other	Sarcomas that are of a histologic type of primary cancer that occurs in the cervix may be considered invasive cervical carcinoma and may be reported as Other. *Melanoma, which is a skin based cancer that can occur anywhere, and lymphoma and leukemia, which are lymphatic and blood system cancers, do not typically reflect cervical findings and should not be reported as Other cervical final diagnosis.

In the event that a second diagnosis of cervical cancer is reported for a woman, the program should share the necessary information with its Cancer Registry to determine if the cancer is a new primary or a recurrence. If the cervical cancer is determined to be a new primary, then it may be reported. If the cervical cancer is determined to be a recurrence, the final diagnosis should be modified to report "Other" with a description entered in the item provided for that purpose. This item should contain only final diagnosis information and not include treatment information. Examples of diagnoses that should be included are cervical polyps or vaginal intraepithelial neoplasia (VAIN) for women who do not have a cervix.

Final diagnosis is an important outcome measure for the NBCCEDP, thus it is critical that this data is complete, timely, and accurate.

WHC Abnormal Cervical Diagnostic Follow-up Form (cont.)

Question 8. Treatment Information (to be completed if cancer is diagnosed)
To specify the status of standard or conventional treatment for precancerous cervical lesions and invasive cervical carcinoma. Enter Treatment started date or date of other choices.

Status of Treatment is an important outcome measure for the NBCCEDP. It is important to know the percentage of women diagnosed with cervical dysplasia or cancer that have started treatment. It is critical that this data is complete, timely, and accurate.

Treatment started - indicate date initial treatment started	The fact that a woman is referred for standard treatment is not sufficient confirmation that treatment has been started. A woman should be classified as having started treatment only after the program has confirmed that a plan for standard treatment of the cancer or pre-cancerous lesion has been developed and started.
Treatment pending - indicate date	
Lost to follow-up - indicate date	Lost to follow-up should be reported if following a diagnosis, but prior to the initiation of treatment, a woman moves to a location beyond the program's range of treatment services (e.g. to another state or country), she can not be located (e.g. moved), or dies prior to the initiation of treatment. This should be reported when tracking efforts have been attempted in accordance with the program's written protocol but were unsuccessful.
Treatment not needed - indicate date	Treatment not needed should be reported in instances where the clinician and the woman jointly agree that treatment of the cancer would adversely affect the woman's quality of life. This may occur, for example, in cases of late or end stage cancers.